

## APPLICATION FOR TEMPORARY PERMIT

Code 1071 Specia	al Inspection/Review/Per	rmit	
Permit Fee: \$ 156.00 + time charge			
	Date I	ssued F	Permit Expiration Date
TO BE COMPLETED BY PERMIT APPLICANT	(PLEASE PRINT)		
FIRM NAME			
MAILING ADDRESS			SUITE
CITY	STATE		ZIP
OPERATION ADDRESS			
CONTACT PERSON	PHONE NUMB	ER ( )	
Please include a check mad	le payable to the CITY OF SEA	TTLE with this	s application.
Permit applications may be submitted in p Seattle Fire Department Fire Marshal's Office—Permits	person weekdays from 8:00 a.m. to	o 4:30 p.m., or m	nailed to:
220 Third Avenue South, Second Fl Seattle, WA 98104-2608	•	ocessing: (206) 3 ttle.gov/fire	386-1025
Call 386-1450, at least 24 hours ]	prior to needed inspection tir	ne to arrange	for an appointment.
Permission is hereby granted to:			
Special permit conditions:			
п			
FMO USE	APPROVED BY		
Receipt No.:			
Application ID#:	SFD ID#	Date:	